

United States Bankruptcy Court
Southern District of Illinois
750 Missouri Avenue
East St. Louis, Illinois 62234
(618)-482-9427
Fax (618) 482-9414

CREDIT CARD BLANKET AUTHORIZATION FORM

I hereby authorize the United States Bankruptcy Court for the Southern District of Illinois to charge the credit card noted below for payment of fees, costs and expenses which are incurred by myself or any member or employee of the law firm, partnership or professional corporation stated below. I certify that I am authorized to sign this form on behalf of my law firm. This form must be signed by the person whose signature appears on the back of the credit card.

Name: _____

Signature: _____ Date: _____

Law Firm Name: _____
(sole practitioner type in your name)

Address: _____

Name of Person to whom receipts should be sent: _____

Telephone Number: _____

VISA Account No. _____ Expiration Date: _____

MASTERCARD No. _____ Expiration Date: _____

☐ Please pay for any charges by charging them to this credit card and sending the firm an itemized receipt at the time of each transaction.

This form will be kept on file in the Clerk's office and will remain in effect until specifically revoked in writing and/or the expiration date of the card has passed. It is the responsibility of the law firm named above to complete a new **credit card blanket authorization** when a credit card has been renewed or to notify the court if the card has been revoked, canceled or stolen.

You must photocopy your credit card (both sides) and attach the copy to this form.